

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hy</i>	<i>12</i>	<i>10/1/00</i>
O.I.P.E. CLASSIFIER	<i>Suf</i>	<i>827</i>	<i>11-30-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	
1	3/1/02
2	✓
3	✓
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions
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